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State/Territory Name: Louisiana

**State Plan Amendment (SPA) #: 14-13** 

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



## DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

July 16, 2014

Our Reference: SPA LA 14-13

Ms. Ruth Kennedy, State Medicaid Director Department of Health and Hospitals Bienville Building 628 North 4<sup>th</sup> Street Post Office Box 91030 Baton Rouge, LA 70821-9030

Attn: Darlene Budgewater Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-13. The SPA proposes to adopt provisions to establish a new optional eligibility group under the Medicaid State Plan to provide coverage for family planning services and supplies to eligible men and non-pregnant women.

Transmittal Number 14-13 is approved with an effective date of July 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-13 dated May 23, 2014 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at <u>ford.blunt@cms.hhs.gov</u> or by phone at (214) 767-6381.

Sincerely,

Bill Brooks Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	14-13	Louisiana		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T SOCIAL SECURITY ACT (MEDIC	ITLE XIX OF THE		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2014			
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN 🔲 AMI	ENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	¢ 2 600 06		
1927(d) of Social Security Act	a. FFY 2014 b. FFY 2015	\$ 2,688,96 \$ 2,216.87		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS SECTION OR ATTACHMENT (If			
Attachment 3.1-A Item 4c, Page 1	Same (TN 13-17)			
Attachment 4.19-B, Item 4.c	Same (TN 74-15)			
group under the Medicaid State Plan to provide coverage eligible men and non-pregnant women.  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
0	J. Ruth Kennedy, Medicaid l	Director		
13. TYPED NAME: POPONOTO	State of Louisiana	• *		
Kathy H. Kliebert	Department of Health and H	ospitals		
14. TITLE: Secretary	628 N. 4th Street			
15. DATE SUBMITTED:	PO Box 91030			
May 23, 2014	Baton Rouge, LA 70821-903	30		
FOR REGIONAL OF	FICE USE ONLY			
17. DATE RECEIVED: May 23, 2014	18. DATE APPROVED: July 16,	2014		
PLAN APPROVED – ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014		CIAL:		
21. TYPED NAME: Bill Brooks	<b>22. TITLE:</b> Associate Regional Division of Medicaid and Ch			
23. REMARKS:				

FORM HCFA-179 (07-92)

#### STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

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1905(a)(4)(C) Family Planning Services

**Covered Services** 

State: Louisiana

Date Received: 23 May 2014
Date Approved: 16 July 2014
Date Effective: 1 July 2014
Transmittal Number: 14-13

The primary goals of family planning services are to increase access to services which will allow improved reproductive and physical health, improved perinatal outcomes, and reduction in the number of unintended pregnancies. Medicaid covered family planning services include:

- 1. Seven office visits per year for physical examinations or medically necessary re-visits as it relates to family planning or family planning-related services for both males and females of child bearing age;
  - a. A comprehensive patient history;
  - b. Physical, including breast exam;
  - c. Laboratory tests; and
  - d. Contraceptive counseling;
- 2. Contraceptive counseling (including natural family planning), education, follow-ups and referrals;
- 3. Laboratory examinations and tests for the purposes of family planning and management of sexual health:
- 4. Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the Federal Food and Drug Administration; and
- 5. Male and female sterilization procedures and follow up tests provided in accordance with 42 CFR 441, Subpart F.

#### Family Planning Related Services Provided under State Eligibility Option

Family planning-related services include the diagnosis and treatment of sexually transmitted diseases or infections, regardless of the purpose of the visit at which the disease or infection was discovered. Medicaid covered family planning-related services include:

- 1. Diagnostic procedures, drugs and follow-up visits to treat a sexually transmitted disease, infection or disorder identified or diagnosed at a family planning visit (other than HIV/AIDS or hepatitis);
- 2. Vaccine to prevent cervical cancer;
- 3. Treatment of major complications from certain family planning procedures; and
- 4. Transportation services

#### **Service Delivery**

Family Planning services may be delivered through any enrolled Medicaid provider whose scope of practice includes family planning services.

TN#_	14-13	_Approval Date	07-16-14	Effective Date 07-01-14
Super	rsedes			
TN#	13-17			

#### PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**<u>Citation</u> 1905(a)(4)(C)** 

### **Medical and Remedial Care and Services**

Family Planning Services and supplies are reimbursed as follows:

All Medicaid providers, including federally qualified health centers, rural health clinics and tribal 638 facilities, shall be reimbursed according to the established fee-for-service rates published in the Medicaid fee schedule for family planning services.

The agency's fee schedule rate is in effect for services provided on or after July 1, 2014.

State: Louisiana

Date Received: 23 May 2014
Date Approved: 16 July 2014
Date Effective: 1 July 2014
Transmittal Number: 14-13

TN#14-13	Approval Date_ 07-16-14	Effective Date <u>07-01-14</u>
Supersedes	••	
TN# 74-15		